



**Section 125 Flexible Benefit Plan Election
Revocation/Change or Stop Form**
To be used for mid- plan year changes

Employer: _____

Employee: _____ SS#: _____

Address: _____

I wish to (check one); change revoke my previously authorized benefit election under Section 125 due to the following reason(s):

REASON FOR CHANGE

(One box from this section must be checked)

- | | |
|---|--|
| <input type="checkbox"/> Marriage

<input type="checkbox"/> Divorce

<input type="checkbox"/> Death of Spouse or Dependent

<input type="checkbox"/> Birth or Adoption of a Child | <input type="checkbox"/> Termination / Commencement of Spouse's Employment

<input type="checkbox"/> Employee or Spouse Taking an Unpaid Leave of Absence

<input type="checkbox"/> Other _____
_____ |
|---|--|

Effective Date of Election Change _____

Please change my election as requested below:
(indicate only those benefits needing changes. All unnoted elections will remain the same)

Coverage Type	Covered Members	Company	Previous Premium	New Premium
			\$	\$
			\$	\$

I certify that the above is a true and accurate statement to justify a revocation or change under my employer's Section 125 Plan and is not allowed unless one of the above has occurred.

Signature of Employee: _____ Date: _____